

Date Received: \_\_\_\_\_

Amount Paid/Check# \_\_\_\_\_

Permit# \_\_\_\_\_

ABOVE FOR OFFICE USE ONLY



**CITY OF CHICOPEE BOARD OF HEALTH  
APPLICATION TO OPERATE A BODY ART ESTABLISHMENT  
2015**

Chicopee Health Department  
15 Court St  
Chicopee, MA 01020  
(413) 594-1660

Name of Establishment \_\_\_\_\_

Business Address \_\_\_\_\_ Phone# \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

**Owner, Corporation, or Partnership information:**

Name	Title	Address	Phone#
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_____	_____	_____	_____
_____	_____	_____	_____

**Body Arts practiced at the establishment:**
☐ Tattoo
                    
 ☐ Piercing
                    
 ☐ Other (Please Specify) \_\_\_\_\_
**Body Art Practitioner(s) working at the establishment:**

_____	_____
_____	_____
_____	_____

**Manufacturer information on autoclave and ultrasonic cleaning devices, if applicable:**

Name of Device	Manufacturer	Model Number	Model Year	Serial Number
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**BODY ART ESTABLISHMENT APPLICATION FEE: \$200**

**APPLICATIONS MUST BE FILLED OUT COMPLETELY AND SUBMITTED WITH THE APPROPRIATE FORMS AND FEES. INCOMPLETE APPLICATIONS WILL BE RETURNED.**

**BODY ART ESTABLISHMENT PERMITS EXPIRE AT THE END OF EACH CALENDAR YEAR. ANY FACILITY THAT HAS NOT SUBMITTED A RENEWAL APPLICATION BY DECEMBER 31<sup>ST</sup>, WILL BE CONSIDERED OPERATING WITHOUT A PERMIT AND ORDERED TO CLOSE UNTIL THE APPROPRIATE PAPERWORK AND FEES HAVE BEEN SUBMITTED. ALL LATE SUBMISSIONS WILL BE SUBJECT TO A \$100 LATE FEE.**

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with the regulations set forth in The City of Chicopee Rules and Regulations for Body Art Establishments and Practitioners. I agree to allow the Board of Health or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

\_\_\_\_\_  
SOCIAL SECURITY OR FEDERAL ID NUMBER\_\_\_\_\_  
SIGNATURE OF APPLICANT**CHECK OR MONEY ORDER ONLY****MAKE PAYABLE TO: THE CITY OF CHICOPEE****NO REFUND**

## **Required Documents**

The following documents must be submitted with the Body Art Establishment Application and fee. Applications submitted without these documents will be returned to applicant.

- ☐ Certificate of Occupancy
- ☐ Physical Floor Plan
- ☐ Written Emergency Plan
- ☐ Written Exposure Plan
- ☐ Copy of Exposure Report Form
- ☐ Copy of Health History and Client Informed Consent Form
- ☐ Copy of Discloser Statement
- ☐ Copy of Client Aftercare Instructions
- ☐ Copy of Injury Report Form
- ☐ Manufacturer and Model Numbers of all Sterilization equipment
- ☐ List of other multiple use equipment (include manufacturer and model numbers).
- ☐ Proof of contract with an independent laboratory for monthly autoclave spore destruction tests
- ☐ Proof of contract with an approved Contaminated Waste Hauler in accordance with 105 CMR 40.000